

**LSC LRAP**  
**Executive Director *Certification of***  
**LRAP Participating Attorney (PA)**  
**Employment and Good Standing – FY 2009 and FY 2010**

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**Instructions:**

The Executive Director (or designee) is required to complete a separate certification form for *each* attorney, who received LSC LRAP assistance in FY 2009. In order for FY 2009 loans to be forgiven, the Executive Director must certify that the Participating Attorney remained in good standing with the program throughout the period October 1, 2008 thru September 30, 2009.

Second, in order for the attorney to continue to receive a LSC LRAP loan for FY 2010, the Executive Director (or designee) must certify that the attorney is currently employed and in good standing with the program.

Be sure to date this form! Once the certifications have been properly completed, all of them should be assembled in alphabetical order and then converted into one PDF file. The PDF file should then be e-mailed to [LRAPcoordinator@lsc.gov](mailto:LRAPcoordinator@lsc.gov). Use only the grantee number and “certification form” as the subject line of the e-mail. As an example, if the grantee number is 111000, the subject line would be “111000 Certification Form.”

Please return this form no later than Wednesday, January 8, 2010.

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Participating Attorney: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Grantee Number: \_\_\_\_\_

Check the applicable box:

- |  |
|--|
| <p><input type="checkbox"/> The PA named above is currently an employee of the grantee program, but is not in good standing with the program.</p> <p><input type="checkbox"/> The PA named above is currently an employee of the grantee program and is in good standing with the program.</p> <p><input type="checkbox"/> The PA named above works with our program at least 35 hours per week.</p> |
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- |  |
|--|
| <p><input type="checkbox"/> The PA named above remained in good standing with the program during the period October 1, 2008 thru September 30, 2009.</p> <p><input type="checkbox"/> The PA named above did <i>not</i> remain in good standing with the program during the period October 1, 2008 thru September 30, 2009.</p> |
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If the Participating Attorney named above did *not* remain in good standing with the program throughout FY 2009, please state the reason and give date:

- |   |
|---|
| <p><input type="checkbox"/> Employee did <u>not</u> pass bar examination and left employment on _____ (date).</p> |
|---|

☐ Employee left program on \_\_\_\_\_(date) by his/her choice.

☐ Employee left program by program’s choice on \_\_\_\_\_(date).

☐ Other, please describe.

**I certify that the above information is true to the best of my information and belief.**

\_\_\_\_\_  
Executive Director (or designee) (PRINT NAME)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date